STATE OF CONNECTICUT DEPARTMENT OF REVENUE SERVICES (Rev. 12/98)

# **FORM CT-1065**

CT-1065 **1998** 

#### CONNECTICUT PARTNERSHIP INCOME TAX RETURN

For ca		ther taxable year ►t	eginr	ning	, 1998,	and ▶er		, 19 over ID Number	
	iototiip					•		Joi 15 Hullibol	
Physical Addre	ess Number and Street			P.O. Bo	X		Date Received	d (FOR DEPARTMENT USE ONLY)	
City or Town			S	tate ZIP Cod	de			ax Registration Number	
							1		
THIS SEC	TION MUST BE CO	MPLETED BY ALL	FILE	RS:					
A. Check	k here if: Ame	ended return 🗍		Final return	out of b	usiness in	CT)		
B. Total	number of partners dur	ing the taxable year:	<b>▶</b> F	Resident	_ ► N	Nonresiden	t		
C. Enter	the amount from federa	al Form 1065, Schedul	e K, L	_ine 1: ▶ \$			_		
D. Date	business commenced:			Date business co	mmenced	l in Connec	cticut:		
E. Check	E. Check here if any partners are corporate entities ►   ☐						YES NO		
F. Does	this partnership have a	n interest in real prop	erty l	ocated in Connecticut?	?		F	· ►□ ►□	
G. Did th	nis partnership transfer	_						G. ▶□ ▶□	
	If "YES,"	' enter entity name							
		' '							
H. Was a	a controlling interest in	this partnership trans	ferre	d?			H	4 ►□ ►□	
		-		al employer ID number					
	there a distribution of p			-			-		
the ta	xable year? (If "YES,"	attach explanation.)					L	▶□ ▶□	
SCHEDII	JLE A - Business I	nformation			Complete	e only if the	partnership o	carries on business	
SCHEDO	TLE A - Dusilless i	Inormation		both WITHIN and OUTSIDE of				DE of Connecticut.	
STF	REET ADDRESS	CITY AND STAT	E	DESCRIPTION Check One OWNED RENTED		ACTI	CTIVITY AT THIS LOCATION		
				OF PLACE	OWNED	KENTED			
		4. 4							
ЭСПЕРО	LE B - Income Ap								
	Schedule B ONLY	` ,		one or more nonreside ership carries on busin		,	outside of Cor	nnecticut: and	
if ALL of th	he following apply:			d records do not satisfa					
				Column A		Colu	mn B	Column C	
	Items Used as	Factors ————————————————————————————————————		Totals Everywhere	Connection		icut Only	Decimal Notation	
	property owned							Percent Column B	
2. Real p	property rented from oth	ners	2					is of	
<ol><li>Tangil</li></ol>	ble personal property o	wned or rented	3					Column A	
•	erty owned or rented (Ad								
	oyee wages and salaries								
6. Gross	s income from sales and	I services	6						
7. Total	(Add Column C, Lines 4	4, 5 and 6)						7	
8. <b>Busi</b> r	ness apportionment f	raction (Divide Line	7 by	three or actual numb	er of fact	tors)		8	
This return	must be filed with the (	Connecticut Departme	nt of I	Revenue Services, PO	Box 2935	5, Hartford	CT 06104-293	35 not later than the 15th day o	
the fourth n	nonth following the clos	se of the taxable year							
	<b>FION:</b> I declare under the nd correct. Declaration							y knowledge and belief, it is true as any knowledge.	
	Paid Preparer's Signature				Date		Telephone Number		
SIGN									
HERE					Date		Federal Employer ID Number		
Keep a copy of					<b>•</b>				
this return	Firm Name and Address				-	<u> </u>	1		
for your									
records									

Check if you used a paid preparer and do not wish forms sent to you next year. 

Checking this box does not relieve you of your responsibility to file.

# Attach additional sheets for Schedules C, D and E in the same format if necessary.

SCHEDULE C - Partner Information (List nonresidents first, residents next and corporate entities last)						
Partner	Name and Address	Identification Number	Profit %	Yes	No	
#						
#						
#						

## **SCHEDULE D - Partners' Share of Connecticut Modifications**

Complete Schedule D only if the partnership has Connecticut modifications (See instructions)

		PARTNER	•	
			Total	
Connecticut Modifications	#	#	#	All Partners
ADDITIONS: ENTER ALL AMOUNTS AS POSITIVE NUMBERS				
Interest on state and local government obligations other than obligations of Connecticut				
Exempt-interest dividends on state or local government obligations other than Connecticut				
3. Certain deductions relating to income exempt from Connecticut income tax (See instructions)				
4. Other - (Specify)				
SUBTRACTIONS: ENTER ALL AMOUNTS AS POSITIVE NUMBERS				
5. Interest on United States government obligations				
<ol><li>Exempt dividends from certain mutual funds derived from United States government obligations</li></ol>				
7. Certain expenses relating to income exempt from federal income tax (See instructions)				
8. Other - (Specify)				

THE PARTNERSHIP MUST PROVIDE EACH PARTNER (INCLUDING A PARTNER OTHER THAN AN INDIVIDUAL) WITH A SCHEDULE OF AMOUNTS OF CONNECTICUT MODIFICATIONS, IF ANY, FOR INCLUSION ON THE APPROPRIATE FORMS.

## SCHEDULE E - Computation of Connecticut Sourced Income of Nonresident Partners and Resident Partners other than Individuals

Connections convered parties of items from foderal		PARTNER			
Connecticut-sourced portion of items from federal Form 1065, Schedule K-1 <i>(See instructions)</i>	#	#	#	Total Partners	
Ordinary income (loss) from trade or business activities					
2. Net income (loss) from rental real estate activities					
3. Net income (loss) from other rental activities					
4. Portfolio income (loss)					
5. Guaranteed payments to partners					
<ol><li>Net gain (loss) under IRC §1231 (other than due to casualty or theft)</li></ol>					
7. Other income (loss)					
8. Expense deduction for property under IRC §179					
9. Other deductions					

The partnership must provide each partner that is a trust, estate, partnership, S corporation or nonresident individual with a schedule of amounts of income derived from or connected with sources within Connecticut for inclusion on the appropriate forms.